

DoD Global Influenza and Other Respiratory Viral Pathogens Week 17 (24 Apr – 30 Apr) Weekly Surveillance Report



NEW ISOLATES COLLECTED IN WEEK 17: 0 Influenza A, 0 Influenza B

In addition, 1 influenza A and 1 influenza B isolates were newly identified during Week 17, but were collected prior to that week. For results from individual bases, click here.

SUMMARY:

Overall Results

Since **3 October 2004**, the Epidemiological Surveillance Division (AFIOH/SDE) has processed 2785 specimens as part of the influenza surveillance program. Of those specimens, 735 (27%) were positive for influenza A, and 171 (6%) were positive for influenza B. In addition, 253 specimens are still being processed. Click here for a graph of influenza positives (number and percentage) by week.

For a table of specimens submitted by individual sentinel sites, click here.

Besides influenza A and B, the AFIOH lab also tests specimens for adenovirus, HSV, RSV, enterovirus, and parainfluenza pathogens. In the current week's samples, only influenza A and B were found. For viral results by week, click here. Viral results are also broken down by MAJCOM; counts include specimens collected prior to the current week.

Subtyping

Since **3 October 2004**, we have <u>subtyped</u> 642 isolates using either polymerase chain reaction (PCR) or hemagglutination-inhibition (HI): 532 are Influenza A/H3N2, 16 are Influenza B/Hong Kong, and 94 are Influenza B/Shanghai.

Age/Military Status

Overall, Influenza A seems to be dominating all age and military status categories in this flu season.

Influenza-like Illness (ILI) Rates

According to ESSENCE, <u>ILI rates</u> this week continue to decrease for the overall Global Military Health System.

Locations

- Click the following links for cumulative influenza results by sentinel site: CONUS, OCONUS
- Results for individual bases and CDC regions can be found on the AFIOH Influenza Surveillance website: https://gumbo.brooks.af.mil/pestilence/Influenza/

COMMENTS ON CURRENT TRENDS: Influenza activity remained low among DoD sites, and the CDC, European countries, and Japan are reporting minimal activity as well.

ILI rates for all sites are at or below the inter-seasonal levels. However, ILI rates for most bases have not returned to baseline; however, the baseline was offset downward from the early peak of the 2003-04 season.

Camp Buehring in Kuwait reported a rise in respiratory cases during Week 16. The respiratory illness may have originated from troops recently deployed from the U.S. to Camp Buehring. Fourteen specimens arrived at AFIOH on 25 Apr for testing. Results are still pending.

NATIONAL INFLUENZA ACTIVITY: CDC

http://www.cdc.gov/ncidod/diseases/flu/weeklychoice.htm

During week 16 (the latest report available), CDC reported continued decreasing influenza activity; the flu epidemic this year seems to have peaked in early February. Laboratory surveillance identified 48 specimens (3.6%) positive for influenza. Of these, 8 were influenza A (H3N2), 12 were influenza A viruses that were not subtyped, and 28 were influenza B. Two states reported regional activity; 6 states reported local activity; and 35 states and New York City reported sporadic activity. Six states and the District of Columbia reported no activity.

INTERNATIONAL INFLUENZA ACTIVITY: WHO

http://www.who.int/GlobalAtlas/DataQuery/home.asp

Week in review: Weeks 16-17

South America: Argentina reported sporadic activity.

Asia: Japan reported a local outbreak. Australia, China, and Thailand reported sporadic activity.

Europe: Italy, Latvia, Romania, Spain, Sweden, and Ukraine reported sporadic activity.

North America: The United States reported sporadic activity.

Africa: Tunisia reported sporadic activity.

Note: WHO review contains information from the previous 2 weeks in order to capture delayed reports from countries.

ADDITIONAL INFORMATION:

Avian Influenza Update*:

The WHO has not posted news since 14 April 2005. For the latest report, please see: http://www.who.int/csr/don/2005_04_14/en/. Additionally, no pressing avian flu news stories have been reported elsewhere.

<u>Influenza-Associated Pediatric Deaths:</u> During week 16, one pediatric death was reported to the CDC. During the current season, the CDC has reported 30 pediatric deaths related to influenza infection from 13 states: California, Colorado, Florida, Georgia, Iowa, Maine, Massachusetts, Mississippi, New Jersey, New York, Ohio, Pennsylvania, and Vermont.

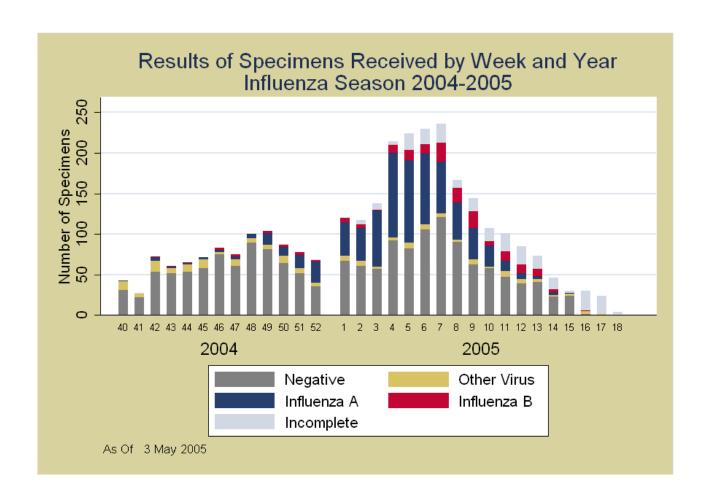
Please direct any questions or comments to: influenza@brooks.af.mil

Table 1: Newly Identified Influenza Specimens this Week, by Base

Site Name	Influenza A		Influenza B	
Site Name	New*	Old**	New*	Old**
Bremerton NAS, WA		1		
Scott AFB, IL				1

*New: newly identified and collected during current week

^{**}Old: newly identified, but collected prior to current week

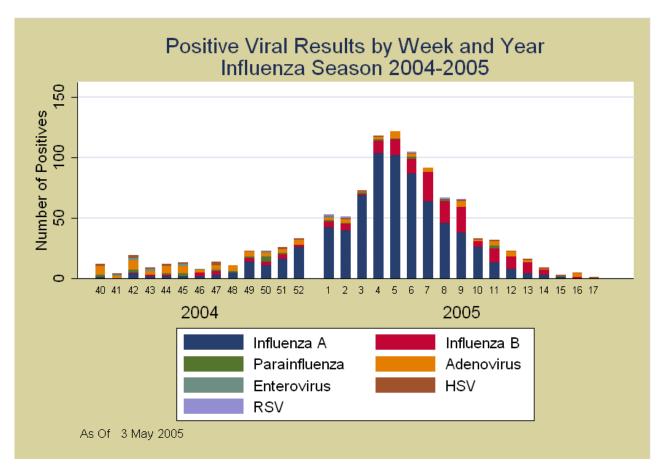


Tables 2 and 3: Respiratory Specimens Submitted by Sentinel Sites, and by Overseas Laboratories since October 3, 2004 (including Incomplete Processing)

AETC	Specimens Submitted		
Maxwell AFB, AL	65		
Sheppard AFB, TX	230		
AMC	Specimens Submitted		
Andrews AFB, MD	10		
Travis AFB, CA	27		
McGuire AFB, NJ	118		
Scott AFB, IL	429		
CENTCOM	Specimens Submitted		
Ganci AB, Kyrg	0		
Al Udeid AB, Qatar	12		
Balad AB, Iraq	25		
PACAF	Specimens Submitted		
Hickam AFB/NS Pearl Harbor, HI	0		
Kadena AB, Japan	1		
Kunsan AB, Korea	9		
Andersen AFB, Guam	14		
Yokota AB, Japan	64		
Misawa AB, Japan	52		
Osan AB, Korea	30		
Elmendorf AFB, AK	49		
USAFA	Specimens Submitted		
US Air Force Academy, CO	61		

USAFE	Specimens Submitted	
Incirlik AB, Turkey	22	
Aviano AB, Italy	42	
Ramstein AB, Germany	73	
RAF Lakenheath, UK	277	
ARMY	Specimens Submitted	
Landstuhl RMC, Germany	47	
Tripler AMC, HI	69	
COAST GUARD	Specimens Submitted	
CGS Ketchikan, AK	0	
NAVY	Specimens Submitted	
NMC San Diego, CA	5	
NH Yokosuka, Japan	31	
Bremerton NS, WA	14	
NAB Little Creek, VA	78	
TOTAL for SENTINEL SITES	1854	

OVERSEAS LAB	Specimens Submitted	
AFRIMS, Thailand	0	
AFRIMS, Nepal	0	
Nicaragua	0	
NMRC-D, Peru	557	
TOTAL for OVERSEAS LABS	557	



Note: Graphs do not include data from the NHRC, which conducts Febrile Respiratory Illness (FRI) surveillance among recruit populations. NHRC compiles this data into a separate report. For more information, visit the NHRC website at http://www.nhrc.navy.mil/geis/

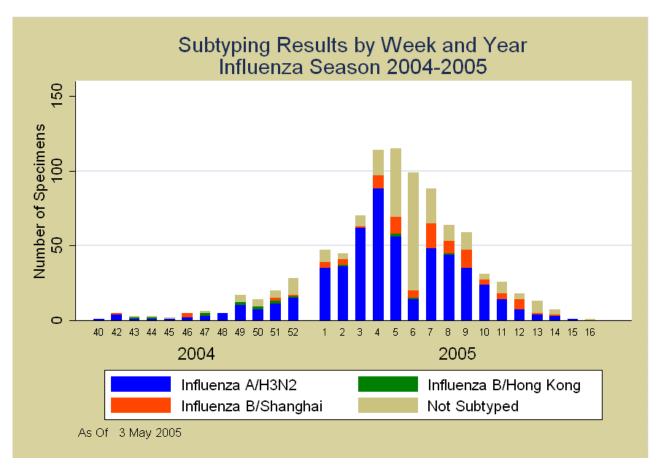
Table 4. Summary of Recently Processed Specimens from All Sites

This table includes specimens collected prior to the current week, so results may not match the above graph.

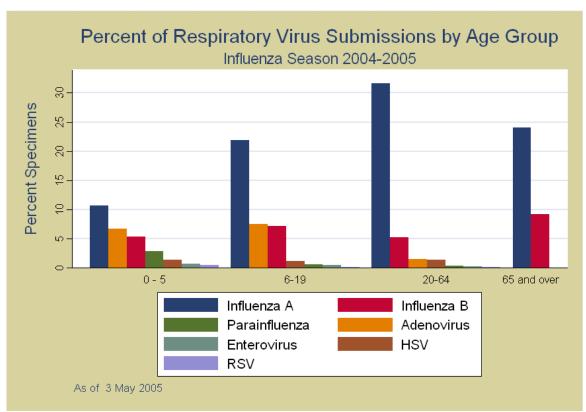
Location	Results of Specimens Processed during current week*					
	Negative	Influenza A	Influenza B	Adenovirus	Other	
TOTAL	29	19	1	3	2**	
NORTH AMERICA	27	2	1	2	2	
PACOM	1	14	0	1	0	
EUCOM	1	2	0	0	0	
CENTCOM	0	1	0	0	0	
SOUTH AMERICA	0	0	0	0	0	

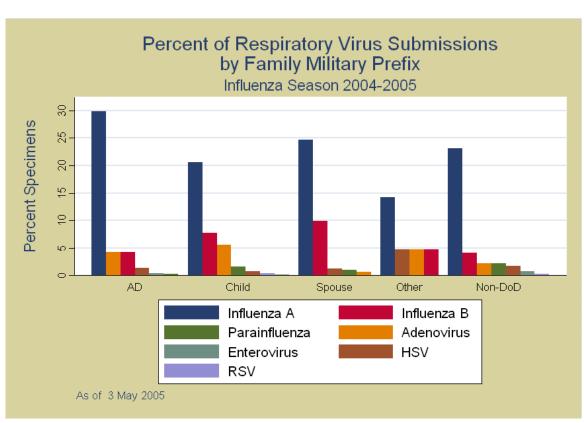
Comments: * Influenza A and B totals include recent subtyping results.

**2 HSV



^{*}Subtyping of samples declined in weeks 5-7 due to the heavy workload of the AFIOH laboratory during the flu season's peak. Influenza subtyping is generally performed as the schedule allows.

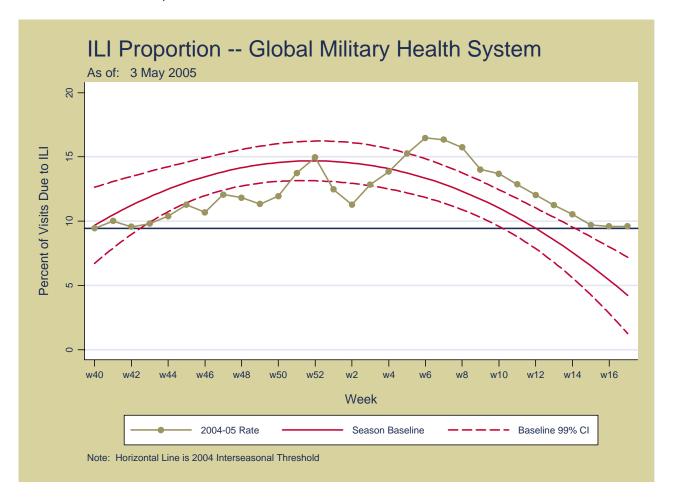




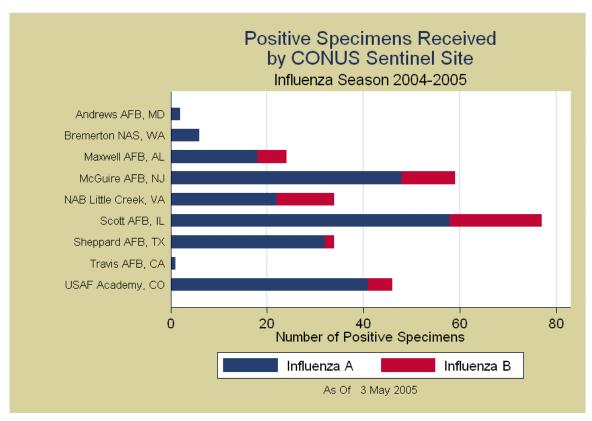
INFLUENZA-LIKE ILLNESS:

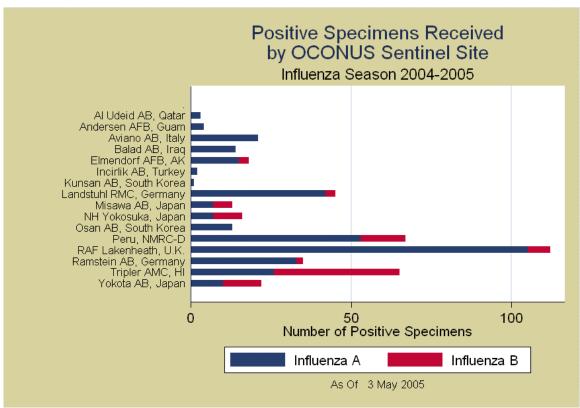
This graph plots the percentage of weekly outpatient visits at military installations that had an ICD-9 code correlating with Influenza-Like Illness as defined by ESSENCE. Visit and coding data were taken from ESSENCE. A seasonal baseline and 99% confidence intervals are included for comparison. The baseline was calculated from ESSENCE data for the previous 2 years. Because of the earlier seasonal peak in 2003-2004 (Week-52 of 2003) as compared to the later seasonal peak during the 2004-2005 season (Week-6 of 2005), the ILI-graph is offset to left by 7-weeks. After adjusting the ILI-graph (by shifting it to the right 7-weeks so that the 2003-2004 and 2004-2005 seasonal peaks coincide), the 2004-2005 ILI experience is then found to fall within or below expected levels throughout the 2004-2005 season.

Note that the ESSENCE definition for Influenza-Like Illness differs from the CDC definition. See our website for a detailed explanation.



Graphs for individual bases and regions can be found on the AFIOH Influenza Surveillance website: https://gumbo.brooks.af.mil/pestilence/Influenza/ILIChartsform.cfm





Numbers and graphs for individual bases can be found on the AFIOH Influenza Surveillance website: https://gumbo.brooks.af.mil/pestilence/Influenza/